

Entered -02/07/00 - sb
CL- 00L0055 - GWENDOLYN BURNS

00- *12* -1826

CLAIM OF: Ajit Kumar
56 Walton Street, NW
Atlanta, Georgia 30303

For property damages alleged to have been sustained from a storm
sewer overflow on December 6, 1999 at 56 Walton Street, NW.

THIS ADVERSED REPORT IS APPROVED

BY: *Rosalind Rubens Newell*

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS
02/04/00

Today's Date: 1/29/2000

Dear Municipal Clerk:

01-26-00A04:46 RCVD
ENTERED - 2-7-00 - SB
00L0055 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4677.52 property and/or \$ 00 bodily injury for which I contend the City is liable.

1. Date of incident: Dec 6, 1999 (month/day/year). 2. Time of Incident: 3. Police called: Yes No
4. Location of incident (including street address): 56 WALTON ST NW ATLANTA GA 30303
5. Name of your insurance company: Nationwide Ins. Policy No. 77B0175-4260001B
6. State what and how incident occurred: City Pipe broke, Basement flooded with sewer water, which caused the damages to our merchandise stored in basement.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: (Make) (Year) (Tag Number) (Driver's Name)
City vehicle: (Make) (City Driver's Name) (Department/Bureau)
9. Witness: Sarah Smith 5769 Bonfloc 93 Atlanta 30331 (Name) (Address) (Telephone Number) 404-752-5662
10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

ADIT KUMAR DBA
(Print Claimant's Name) ARORA S

56 Walton St NW
(Address)

ATLANTA GA 30303
(City, State and Zip Code)

404-681-3576 770-414-8080
(Work Number) (Home Number)

00- R -1826